COMBI (Includes Refe	PV-1020	TTORNEY DOCKET NUMBER V-1020									
As a bel	ow named inventor, I (we) 1	nereby declare that:									
My resid	lence, post office address an	d citizenship are as stated below next to	my name,								
		d sole inventor (if only one name is listent matter which is claimed and for which			or (if plural						
	ACCOMMODA	TING INTRAOCULAR LENS SYSTEM AN	ND METHOD								
the specif	ication of which (check only or	ne item below):									
$\boxtimes$	is attached hereto.										
	was filed as United States application										
	Serial No.										
	on				,						
	and was amended										
	on (if applicable)										
	was filed as PCT international	application									
	Number										
	on										
		and was amended under PCT Article 19									
	on(if applicable)										
I hereby sabove.	ate that I have reviewed and unde	rstand the contents of the above-identified specifi	cation, including the claims, as amende	ed by any amendme	ent referred to						
I acknowle	edge the duty to disclose informatio	n that is material to the patentability of this applica	ation in accordance with Title 37, Code of	of Federal Regulatio	ons, §1.56.						
internation application	al application(s) designating at length (s) for patent or inventor's certification.	Title 35, United States Code, §119 or §356 of an east one country other than the United States of ate or any PCT international application(s) designated before that of the application(s) of which prior	of America, listed below and have all ting at least one country other than the	so identified below	v any foreign						
(	COUNTRY if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY O							
				☐ YES	□ NO						
			- 1, man	☐ YES	□ NO						
			10.00	☐ YES	□ NO						
				☐ YES	□ №						
				☐ YES	□ NO						
		1		I □ vec	I II NO						

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Combined Declaration For Patent Application and Power of Attorney (Continued (Includes Reference to PCT International Applications)					ATTORNEY DOCKET NUMBER PV-1020							
I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:												
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:												
			U.S. APPLICATIONS		STATUS (Check one)							
U.S. APPLICATION NUMBER		BER	U.S. 1	PATENTED		PENDING	ABANDONED					
60/433,046			December 12, 2002				х					
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		PCT A	PPLICATIONS DESIGNATING	THE U.S.								
PCT APPLICATION NO.		).	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)								
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POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: NICOLA A. PISANO, Reg. No. 34,408, MITCHELL P. BROOK, Reg. No. 32,967, PETER K. HAHN, Reg. No. 34,833; DAVID E. HEISEY, Reg. No. 42,651 and PETER R. MARTINEZ, Reg. No. 42,845, all attorneys with the firm of LUCE, FORWARD, HAMILTON & SCRIPPS, which has an office address at 11978 El Camino Real, Suite 200, San Diego, CA 92130.												
Send	11988 El C	D, HAMILTON & SCRII Real, Suite 200	PPS	Direct Telephone Calls to: (name and telephone number)  Nicola A. Pisano (858) 730 6320								
	San Diego, Califor		nia 92130 LY NAME	FIRST GIVEN NAME		(858) 720-6320 SECOND GIVEN NAME						
2	INVENTOR	ESCH	ı	VICTOR								
1	RESIDENCE &	CITY		STATE OR FOREIGN COUNTRY			COUNTRY OF CITIZENSHIP					
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	POST OFFICE	POST	OFFICE ADDRESS CITY		STATE & ZIP CODE/COUNTRY							
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2 0 2	FULL NAME OF FAMIL INVENTOR		Y NAME	FIRST GIVEN NAME		SECOND GIVEN NAME						
	RESIDENCE & CITIZENSHIP	CITY	\$ · 2 4 × 1 · · · · · · · · · · · · · · · · · ·	STATE OR FOREIGN COUNTRY	C	COUNTRY OF CITIZENSHIP						
	POST OFFICE ADDRESS  CITY  POST OFFICE ADDRESS			s	STATE & ZIP CODE/COUNTRY							
	Additional inventors ar	e being n	amed on the supplemental A	Additional Inventor(s) sheets(s) attached	hereto.		_	·-				
Lher	ehy declare that all st	tements	made herein of my own Imagelad	ge are true and that all statements mad	on informa	tion and 1	baliaf ara baliava	d to be true; and				

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201

SIGNATURE OF INVENTOR 202

DATE DATE